



2006 MPHA Membership Application

Name: _____
(Last) (First) (MI)

SS# _____

Address: _____

(MDH employees, please use courier mailing address)

Phone: (w) _____ h) _____

Mississippi Department of Health Employee? *yes* *no*

Membership Dues are non-refundable. *Please make check or money order payable to MPHA and return with this completed application to:*

MPHA Membership
Attn: Saundra Hill
570 E Woodrow Wilson Blvd. U-213
Jackson, MS 39215
601.576.7642

Membership Dues: *(circle one)*

Regular	\$12.00
Retirees	\$ 6.00
Students	\$ 5.00

Tax Deductible Contribution \$ _____

Total \$ _____

Conference dates – September 20-22, 2006 Grand Casino & Resort – Veranda Hotel, Tunica, MS
Reservations: call 1.800.394.7263 (Block Code S09MPHA) \$64.00/ night single or double